

**INVOICE**

Page: 1 of 3  
 Invoice Number: INV-1143253  
 Invoice Date: 08-JUN-2017  
 Invoice Copy Date: 06-08-17

**BILL TO :**

**Media Fortitude**  
 30 Newport Pkwy  
 STE 2110  
 Jersey City, NJ 07310

**REMIT TO :**

**THE NEW YORK INTERCONNECT LLC**  
 PO Box 392068  
 Pittsburgh, PA 15251-9068  
 (516) 803-5380

Invoice Number	Customer	Customer Number	Billing Cycle	Payment Terms
INV-1143253	NJ Department of Health	000139621	05-01-17 - 05-28-17	Net 30 days

**AFFIDAVIT OF PERFORMANCE**

Reg/Ret	Line	Network	Day	Date	Time	Spot Title	Length	Rate		
Customer : NJ Department of Health		Order No. : 11199399			Contract No. : 375945		PO Number : 375945 I24		Salesperson Name : Craig Fabricant	
Type : EDI		Ext. Order : 375787			Ext. Client : NJDOH		Estimate No. : May17 I24		Product : N/A	
I24 / 2012 I24 NATIONAL NEWS NET #80										
	1	I24	TUE	05-09-17	6:59:05 pm	NJSDOH17105H - PAM	60	\$ 100.00		
	1	I24	TUE	05-09-17	9:43:38 pm	NJSDOH17105H - PAM	60	\$ 100.00		
	1	I24	WED	05-10-17	9:42:08 pm	NJSDOH17105H - PAM	60	\$ 100.00		
	1	I24	THU	05-11-17	6:58:05 pm	NJSDOH17105H - PAM	60	\$ 100.00		
	1	I24	FRI	05-12-17	6:45:39 pm	NJSDOH17105H - PAM	60	\$ 100.00		
	1	I24	FRI	05-12-17	8:45:39 pm	NJSDOH17105H - PAM	60	\$ 100.00		
	1	I24	SAT	05-13-17	6:58:35 pm	NJSDOH17105H - PAM	60	\$ 100.00		
	1	I24	SAT	05-13-17	8:59:05 pm	NJSDOH17105H - PAM	60	\$ 100.00		
	1	I24	SUN	05-14-17	6:41:06 pm	NJSDOH17105H - PAM	60	\$ 100.00		
	1	I24	SUN	05-14-17	8:41:06 pm	NJSDOH17105H - PAM	60	\$ 100.00		
I24 Subtotal :							10	\$ 1000.00		
I24 Retail Unit Subtotal :							10	\$ 1000.00		
Gross Affidavit Time Charges :							10	\$ 1000.00		

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**INVOICE SUMMARY**

Order Number	Line Number	Line Start Date	Line End Date	Buy Time	Network	Region	Ordered Qty	Aired Qty		Ordered Rate	Gross Total
								N	M		
11199399	1	08-MAY-17	14-MAY-17	UD: 18:00-22:00	I24	I24	10	10		\$ 100.00	\$ 1000.00
Order # 11199399 Total: :							10	10			\$ 1000.00
Total Affidavit Time Charges: :							10	10			\$ 1000.00
TIME PERIOD DEFINITION: D=DAYPART, UD=USER DAYPART, P=PROGRAM, PG=PROGRAM GROUP, TV=TV PROGRAM.											

**COMMERCIAL SUMMARY TOTALS**

Spot ID	Spot Title	Reg/Ret	Networks	Total Spots	Total Cost
10211301	NJSDOH17105H - PAM	I24	I24	10	\$ 1000.00
Total: :				10	\$ 1000.00

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INV-1143253	NJ Department of Health	000139621	05-01-17 - 05-28-17	Net 30 days

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS**

**Invoice Notes**

<b>Gross Spot Dollars :</b>	<b>\$ 1000.00</b>
Agency Discount(-) :	\$ 150.00
<b>Net Advertising Total :</b>	<b>\$ 850.00</b>
<b>BALANCE DUE :</b>	<b>\$ 850.00</b>

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**Payment Terms: Net 30 days**

The unit rates in this invoice reflect the negotiated unit value (which may not reflect fair value as defined by GAAP), and may have been adjusted to reflect accelerated deferred payment schedules or additional non-linear media provided.

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